



COMMERCIAL MOTOR VEHICLE CLAIM FORM

The issue of this form is not an admission of liability

Client no.	<input type="text"/>
Policy no.	<input type="text"/>
Intermediary	<input type="text"/>
Expiry date	<input type="text"/>

PRIVACY STATEMENT

The Privacy Act 1993 applies and requires us to inform You that:

Purpose of collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person*) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

WHAT HAPPENS NOW?

Please complete this Claim Form and contact your Broker / Agent or NTI Office.

ARE YOU STILL AT THE ACCIDENT SCENE?

Ring NTI **ACCIDENT ASSIST** on **0800 684 669** (0800 NTI NOW) who can help you deal with the accident scene and managing the vehicle, driver, load and related clean up issues.

WHAT CAN YOU EXPECT?

As soon as your claim has been reported to us, we will contact you as soon as possible. At that time we will obtain any further information required to process your claim and assess the vehicle.

One of NTI's qualified Repair Managers will keep you informed of how the Claim is progressing.

A fully trained and experienced Claims Consultant handler will be appointed to manage your claim.

IS SOMEONE MAKING A CLAIM AGAINST YOU?

Please complete this Claim Form and return it to your local NTI office together with all correspondence received from the other party or contact your local NTI office for advice.

WHAT ABOUT MY EXCESS?

On completion of your repairs you are required to pay the repairer the amount of your excess together with any repair contributions.

If it is determined by NTI that the accident was not your fault NTI will try to recover your insurance excess from the other party. Naturally NTI cannot guarantee that this action will be successful.

THE INSURED - to be completed by the insured

Name(s) of insured in full: _____ Home phone: _____

Mobile phone: _____
Address: _____ Postcode: _____
Year: _____ Make: _____ Model: _____ Body type: _____
Colour: _____ Engine no.: _____ Vehicle ID (VIN / Chassis) no.: _____ Registration no.: _____
Registration expiry date: _____ Date purchased: _____ Price paid: \$ _____
Name of vehicle owner: _____
Name of finance provider / bank if vehicle(s) encumbered: _____
State type and weight of load being carried: _____

PARTICULARS OF TRAILER(S) - if involved - TRAILER 1

Year: _____ Make: _____ Model: _____ Body type: _____
Colour: _____ Vehicle ID (VIN / Chassis) no: _____ Registration no.: _____
Registration expiry date: _____ Date purchased: _____ Price paid: \$ _____
Name of trailer owner: _____
Name of finance provider / bank if trailer(s) encumbered: _____
Type and weight of load being carried: _____

PARTICULARS OF TRAILER(S) - if involved - TRAILER 2

Year: _____ Make: _____ Model: _____ Body type: _____
Colour: _____ Vehicle ID (VIN / Chassis) no: _____ Registration no.: _____
Registration expiry date: _____ Date purchased: _____ Price paid: \$ _____
Name of trailer owner: _____
Name of finance provider / bank if trailer(s) encumbered: _____
Type and weight of load being carried: _____

DRIVER OR PERSON IN CHARGE OF VEHICLE

Surname: _____ Given name(s): _____ Home phone: _____
Date of birth: _____ Age: _____ Mobile phone: _____
Address: _____ Postcode: _____
Drivers licence no.: _____ Place of issue: _____ Expiry date: _____
Class: _____ How long has the driver been licensed to operate this class of vehicle? _____
Photocopies of both sides of licence and log books (where applicable) must be attached.

Relationship of driver to insured (Employee, Sub Contractor, Relative etc.): _____

Was the vehicle driven with insured's consent? Yes No

Details if **No**: _____

Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident? Yes No

Details if **Yes**: _____

Did the driver undergo a breathalyser test? Yes No or a blood test? Yes No

If **Yes**, what were the results? _____

OWNER(S) HISTORY - past 7 years

Your claim may be delayed if this section is not completed.

Traffic and / or criminal offences:

Licence suspension / cancellations:

Refusal and / or cancellation of any motor vehicle policy by an insurer:

Prior accidents or losses relative to any motor vehicle:

DRIVER(S) HISTORY - past 7 years

Traffic and / or criminal offences:

Licence suspension / cancellations:

Refusal and / or cancellation of any motor vehicle policy by an insurer:

Prior accidents or losses relative to any motor vehicle:

DETAILS OF ACCIDENT

Date and time of accident / theft: _____ Date: _____ Time: _____ AM / PM (delete whichever not applicable)

Exact location where accident / theft occurred: _____

Was your vehicle being towed at the time? Yes No If Yes, by whom: _____

Describe in detail how the accident / theft occurred:

Speed of your vehicle at time of accident: _____ KM per hour

Speed of other vehicle at time of accident: _____ KM per hour

Time and place journey commenced: _____ Date: _____ Time: _____ AM / PM (delete whichever not applicable)

Vehicle destination: _____

Was this inbound or outbound from vehicle's home base of operations? Inbound Outbound

Weather and road conditions? _____

In the drivers opinion, who was responsible for the accident and why? _____

Has any claim been made on you? Yes No

If Yes provide details:

Date and time accident / theft reported to police: _____ Date: _____ Time: _____ AM / PM (delete whichever not applicable)

Did police attend accident scene? Yes No

Name and station of police officer who took accident particulars: _____

Is police action pending? Yes No

If Yes against whom: _____

Details of any independent witness(es):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Details of persons injured in the accident:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

DAMAGE TO INSURED VEHICLE

Give brief details of loss or damage to your vehicle:

Has a repair quotation been obtained?

Yes

No (If Yes, please attach)

Amount: \$

Where can the insured vehicle be inspected?

OTHER PERSONS INVOLVED IN THE ACCIDENT

Owner of other vehicle or property:

Name:

Address:

Phone:

Name:

Address:

Phone:

If a vehicle please provide make, model and registration no., including place where registered: (If more than one vehicle supply details on a separate page)

Make:

Model:

Registration no.:

Place:

Make:

Model:

Place:

Third party insurance details:

Insurance status:

Insured with:

Name of insured:

Full

Third party only

Driver of other vehicle: (if not owner)

Name:

Address:

Phone:

Name:

Address:

Phone:

Give brief details of loss or damage to other vehicle or property:

DIAGRAM OF ACCIDENT

Please show your vehicle, other vehicles, street names, traffic lights, give way signs, etc. N.E.S.W. - indicates points of compass

DECLARATION / SIGNATURE OF INSURED AND DRIVER

Any personal information collected by NTI may be disclosed to other members of the insurance industry, and any personal information held by other members of the insurance industry, may be disclosed to NTI. This includes claims related personal information provided by NTI to or held on the Insurance Claims Register Limited.

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent; Government bodies; loss assessors; claim investigators; reinsurers; other insurance companies; claims reference providers; other service providers; hospitals; medical and health professionals; legal and other professional advisers.

My answers to the questions and statements in this claim form are to the best of my knowledge and belief correct and I have not withheld any information likely to affect consideration of this claim.

Where such answers are not in my handwriting and relate to the accident details, or me, they have been checked by me and certified as correct.

The Insurance Claims Register Ltd (ICR), P.O. Box 474, Wellington holds details of claims made after 1 February 1998 under policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR. I agree that NTI may give to or obtain from ICR details of information relevant to this claim.

Driver's signature:

Date:

Insured's signature:

Date:

Level 7, PWC Tower, 188 Quay Street AUCKLAND 1030 PO BOX 106-635, AUCKLAND 1030 T: 0800 684 247 F: 09 919 2034
NTI is managed by NTI New Zealand Limited as agent for IAG New Zealand as insurer.

www.ntinz.co.nz

IAG New Zealand Limited has a credit rating of "AA-" as issued by Standard & Poor's on 3 November 2011.

AAA: Extremely strong	A: Strong	BB: Marginal	CCC: Very Weak	R: Regulatory Action
AA: Very Strong	BBB: Good	B: Weak	CC: Extremely Weak	NR: Not Rated